APPLICATION FOR ASSESSOR CERTIFICATION EXAMINATION

NOTE: A \$20.00 EXAMINATION FEE MUST ACCOMPANY THIS APPLICATION. (Exam fee is non-refundable unless notification is received 10 days **before** the exam date.)

INSTRUCTIONS: Please complete all information fully and accurately. Please type or print all information in ink. Certification of assessors is required by Sec. 70.05 of the Wis. Statutes

The mailing address you supply will be considered your business contact information.

SEND APPLICATION AND CHECK OR MONEY ORDER MADE PAYABLE TO:

Wisconsin Department of Revenue
Office of Assessment Practices, MS 6-97
Attn: Assessor Certification
PO Box 8971
Madison, WI 53708-8971

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Name (Last)	me (Last)			(First)			ocial security number		
Mailing Address			City		County		State	Zip code	
Telephone Number			E-mail					Birth date	
Area code ()									
Do you presently hold	d any Wisconsin Assessor c	ertification?	No	Yes If Yes	, which level?				
Examination for which	n you are applying*								
Assessment Technician				sor 1 Assessor 2 Assessor 3			(Assessor 3 may only perform the duties prescribed for an Assessor 3)		
EXAM SITE	MONTH								
Madison	February May			August	Nove	mber			
Marshfield	May				November				
I certify that all the in me from certification	nformation on this application.	on is true and o	omplete to the	e best of my knowledge	and that any fa	alse or o	mitted info	ormation may disqualify	
SIGN HERE					D	ATE			

^{*} Pursuant to section 73.09(7m), Wis. Stats., exam applicants may be screened for Wisconsin tax delinquencies. If a delinquent account is not satisfactorily resolved, the certification will not be issued.